

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

 12224
 Reg. Dist. No. 110

1. PLACE OF DEATH:

County Dorchester
 City or town Rural-Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 years
 Hospital, institution, or street address where death occurred:
Cambridge-RFD # 3
 How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Rural-Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Cambridge-RFD # 3
 (If rural, give LOCATION)
 2.(a) If veteran, name war -

3. (a) FULL NAME

Edward Kenneth Bauer

3. (b) Social Security Number

-

4. Sex Male	5. Color or race White	6.(a) Single, married, widowed, or divorced Married	
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6.(b) Name of husband or wife Bertha Wynne
 6.(c) If alive, give age 57 years
 7. Birth date of deceased (mo., day, yr.) Sept. 29, 1886
 8. AGE: Years Months Days If less than one day
 59 2 4 hrs.min.

9. Birthplace Philadelphia, Pa.
 (Town, county, and state)
 10. Usual occupation U. S. Steel Corp.
 11. Industry or business Sales Manager-Retired
 FATHER
 12. Name Frederick Bauer
 13. Birthplace Pennsylvania
 MOTHER
 14. Maiden name Not Known
 15. Birthplace II II

16. Informant Mrs. Bertha Bauer
 Address RFD # 3, Cambridge, Maryland.
 17. Burial Date thereof Dec. 7, 1945
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Westminster Cemetery
 Location Nr. Philadelphia, Pa.
 18. Funeral director LeCompte's Funeral Service
 Address Cambridge, Maryland.

19. 12-4-45 John MacFarlane
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 5, 1945, at 5:30 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19
 and that I last saw him alive on 19
 Immediate cause of death Dissection of Coronary Arteries
 DURATION several years

Due to Arteries
 Due to Arterial Sclerosis
 Other conditions -
 (Include pregnancy within 3 months of death)

Major findings of operations -
 Date of op. -

Autopsy results -
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide - Date of -
 Where did injury occur? - (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) -
 Means of Injury - Injured at work? -

Jon H. Shriver, M.D.
 23. SIGNATURE Cambridge, Md. M. D. or other Dr.
 Address - Date signed -

RECEIVED

DEC. 7 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93rd)

CERTIFICATE OF DEATH

12225

★ Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 30 years, 6 months, 17 daysHospital, institution, or street address where death occurred:
Eastern Shore State HospitalHow long in hospital or institution? 30 years, 6 months, 17 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Thomas
(If outside city or town limits, write RURAL and give nearest town)Street No. RED # 3
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Henry Lloyd Bennett

3.(b) Social Security Number

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Male

White

Single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) March 16, 1886

6.(c) If alive, give age years

8. AGE: Years Months Days It less than one day
59 ? 8 19hrs.min.9. Birthplace Maryland, Cambridge, RED # 3,
(Town, county, and state)10. Usual occupation Laborer

11. Industry or business

12. Name Thomas J. Bennett13. Birthplace Maryland14. Maiden name Sarah Dell Wheatley15. Birthplace Maryland16. Informant Hospital RecordsAddress E.S.S.Hospital, Cambridge, Maryland.17. Burial Date thereof Dec. 7, 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Speddans CemeteryLocation James, Maryland.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. Dec 7 - 19 45 John Mace
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 5, 19 45 at 11:55 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
June 1st. 19 39 December 5, 19 45and that I last saw him alive on December 5, 19 45Immediate cause of death Coronary Embolus DURATION 10 min.Due to Arteriosclerotic, Cardio-vascular disease.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Grace M. Branscombe, M.D. M. D. or otherE.S.S.Hospital, Cambridge, Md. 12/5/45

Address Date signed

RECEIVED

DEC 10 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (105)

CERTIFICATE OF DEATH

12226

Reg. Diat. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
122 Willis St.
 How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town 122 Willis St.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Cambridge
 (If rural, give LOCATION)
 2.(a) If veteran, name war -

3. (a) FULL NAME

Judith Ann Brooks

3. (b) Social Security Number

-

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

- - - - -

7. Birth date of

deceased (mo., day, yr.)

Sept. 14, 1941.8. (c) If alive, give age - - years

8. AGE:

Years

Months

Days

If less than one day

4310

hrs.

min.

9. Birthplace

Cambridge, Dor. Co., Maryland.

(Town, county, and state)

10. Usual occupation

--

11. Industry or business

--

FATHER

12. Name

John W. Brooks

13. Birthplace

Maryland.

MOTHER

14. Maiden name

Anna E. Jones

15. Birthplace

Maryland.

16. Informant

Mrs. Anna E. Brooks

Address

122 Willis St., Cambridge, Md.

17.

Burial

(Burial, cremation, or removal. Which?)

Date thereof

Dec. 26, 1945

(month) (day) (year)

Cemetery or crematory

Trinity Church Cemetery

Location

Church Creek, Maryland.

18. Funeral director

LeCompte's Funeral Service.

Address

Cambridge, Maryland.

19.

12/31/45

19

45

-

John W. Brooks

19

45

-

John W. Brooks

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John W. Brooks

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John W. Brooks

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John W. Brooks

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John W. Brooks

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John W. Brooks

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John W. Brooks

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John W. Brooks

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John W. Brooks

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John W. Brooks

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John W. Brooks

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John W. Brooks

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John W. Brooks

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John W. Brooks

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John W. Brooks

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John W. Brooks

19

45

-

John W. Brooks

19

45

MEDICAL CERTIFICATION

2D. DATE OF DEATH

December 24, 1945 at 10:30 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

December 23 1945 to December 24 1945
 and that I last saw him alive on December 24 1945

Immediate cause of death

Acute Oedema of the Lungs

DURATION

3 hours

Due to

Acute Bacterial Laryngitis24 hours

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underpin the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

L. O. Hurdell, M. D.

M. D. or other

Address

Cambridge, MarylandDate signed Dec. 26, 1945

RECEIVED
JAN 3 1946
BUREAU V.A.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 906

CERTIFICATE OF DEATH

Reg. Dist. No. 116

12227

1. PLACE OF DEATH:

County Dea. ChesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... County.....

City or town.....
(If outside city or town limits, write RURAL and give nearest town)Street No.....
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Emelyna Benjamin

3. (b) Social Security Number

4. Sex..... 5. Color or race..... 6. (a) Single, married, widowed, or divorced.....

Female Colored Single

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) Dec 24, 1940 8. (c) If alive, give age..... years8. AGE: Years..... Months..... Days..... It less than one day..... hrs. min.
4 11 189. Birthplace Cambridge Md
(Town, county, and state)10. Usual occupation..... none

11. Industry or business

12. Name Herb W Bryant13. Birthplace Cambridge14. Maiden name Marie Williams15. Birthplace Md16. Informant Marie BryantAddress Cambridge17. (Burial, cremation, or removal, which?) Dec 19/45
(month) (day) (year)Cemetery or crematory Bethel CemeteryLocation Cambridge16. Funeral director Leah H. RaynerAddress Cambridge Md19. 12/19/45 19 45 John Macfarlane
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 16, 1945 at 6:30 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 14, 1945 to Dec. 16, 1945 and that I last saw her alive on Dec. 15, 1945

Immediate cause of death.....

DURATION

Bronch. Pneumonia (Terminal)1 1/2 days
(including case)
Duration
unknown.

Due to.....

Due to.....

Other conditions Pericarditis with effusion1 1/2 days

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
(City or town) (County) (State)

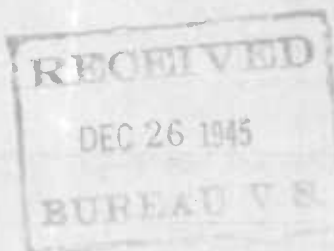
Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE L. O. Meredith, M.D.

M. D. or other

Address Cambridge, Maryland Date signed Dec. 18, 1945



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (30)

CERTIFICATE OF DEATH

12228

Reg. Dist. No. 118

1. PLACE OF DEATH: County..... <u>Dorchester</u> City or town..... <u>Cambridge</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... <u>1 yr. 5 mos. 18 ds.</u> Hospital, institution, or street address where death occurred: <u>Eastern Shore State Hosp.</u> How long in hospital or institution?..... <u>1 yr. 5 mos. 18 ds.</u>		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... <u>Maryland</u> County..... <u>Dorchester</u> City or town..... <u>Secretary</u> (If outside city or town limits, write RURAL and give nearest town) Street No..... (If rural, give LOCATION) 2.(a) If veteran, name war.....	
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3. (a) FULL NAME <u>Helen Carroll</u>	3. (b) Social Security Number <u>none</u>
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4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Single</u>
6. (b) Name of husband or wife.....		
7. Birth date of deceased (mo., day, yr.) <u>July 17 1883</u>		
8. AGE: Years <u>62</u>	Months <u>5</u>	Days <u>10</u>
If less than one day hrs. min.		

9. Birthplace..... Maryland
(Town, county, and state)

10. Usual occupation..... None

11. Industry or business.....

FATHER	12. Name..... <u>Henry H. Carroll</u>
	13. Birthplace..... <u>Maryland</u>
MOTHER	14. Maiden name..... <u>Hettie Nichols</u>
	15. Birthplace..... <u>Maryland</u>

16. Informant..... Hospital Records
Address..... E. S. S. H. Cambridge, Md.

17. Burial
(Burial, cremation, or removal. Which?) Date thereof..... 12-31-45
(month) (day) (year)
Cemetery or crematory..... Skillednest Cemetery
Federalburg, Md.
Location.....

18. Funeral director..... Adams & Williams
Address..... Federalburg, Md.

19. 12/31/45
(Date rec'd by registrar) Registrar.....

MEDICAL CERTIFICATION

20. DATE OF DEATH..... December 27 1945 at..... 1:05 P.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1945
July 9 1944 19..... to..... December 27
and that I last saw h..... er..... alive on..... December 27 1945

Immediate cause of death..... <u>Bronchopneumonia</u>	DURATION <u>5 hrs</u>
Due to..... <u>Carcinoma of Respiratory tract</u>	<u>18 mos</u>
Due to..... <u>Malignancy of breast Carcinoma</u>	
Other conditions..... <u>Mental Deficiency</u> (Include pregnancy within 3 months of death)	

Major findings of operations..... Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide..... Date of.....
Where did injury occur?..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury..... Injured at work?
23. SIGNATURE.....
M. D. or other
Address..... Cambridge, Md. Date signed..... 12/27/45

RECEIVED
JAN 3 1946
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-2)

CERTIFICATE OF DEATH

12229

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? LifeHospital, institution, or street address where death occurred:
321 Washington St.How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 321 Washington St.
(If rural, give LOCATION)2. (a) If veteran, name war -

3. (a) FULL NAME

James P. Colbourn

3. (b) Social Security Number

-

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Martha Meiser
(Deceased)7. Birth date of deceased (mo., day, yr.) Feb. 20, 1864.8. AGE: Years 81 Months 9 Days 17
If less than one day hrs. min.9. Birthplace Cambridge, Dor. Co., Maryland
(Town, county, and state)10. Usual occupation Carpenter11. Industry or business retiredFATHER 12. Name Joseph W. Colbourn13. Birthplace MarylandMOTHER 14. Maiden name Sarah Woolen15. Birthplace Maryland16. Informant Mrs. S. C. CollinsAddress Cambridge, Maryland.17. Burial Date thereof Dec. 10, 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory East New Market CemeteryLocation East New Market, Maryland.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 12/10 19 45 John Meiser M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 7, 19 45, at 10:50 P21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/7 to 12/7 19 45
and that I last saw him alive on 12/7 19 45Immediate cause of death acute myocardial

DURATION

Due to Coronary Renal VascularDue to ArteriosclerosisDue to Arteriosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations no operation

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date ofWhere did injury occur? none
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John Meiser M. D. or otherAddress Cambridge, Md. Date signed 12-7-1945

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DEC 13 1945

BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (922)

CERTIFICATE OF DEATH

Reg. Dist. No. 110

12230

1. PLACE OF DEATH:

County Dorchester
 City or town Vienna - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Near Reid's Grove
 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Vienna - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Near Reid's Grove
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Henrietta Collins

3. (b) Social Security Number

None

4. Sex Female 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Widowed
 B. (b) Name of husband or wife Sosiah Collins
 7. Birth date of deceased (mo., day, yr.) May 15, 1880 6. (c) If alive, give age _____ years
 8. AGE: Years 65 Months 6 Days 27 If less than one day _____ hrs. _____ min.

9. Birthplace Dorchester County, Maryland
 (Town, county, and state)

10. Usual occupation Housework

11. Industry or business Home

12. Name Henry Steward

13. Birthplace Dorchester County, Maryland

14. Maiden name Sarah Catherine Baltimore

15. Birthplace Dorchester County, Maryland

16. Informant Mrs. Viola Pinkett

Address Vienna, Maryland, R.F.D.

17. Burial Date thereof December 16, 1945
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Thompsonstown Cemetery

Location Near East New Market, Maryland

18. Funeral director J. J. Trampton and Son

Address Federalburg, Maryland

19. December 16, 1945 Charles Festings
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 12 1945, at 10 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1946, to Dec. 12 1945, and that I last saw him alive on Dec 8 1945.

Immediate cause of death Heart in supine position
 DURATION _____

Due to Chronic arteriosclerosis

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Antopsy results _____ Date of op. _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE L. G. Anzies M. D. or other _____

Address Norfolk Md. Date signed 12-14-45

RECEIVED
DEC 27 1945
BUREAU V R

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-2

CERTIFICATE OF DEATH

Reg. Dist. No. 116

12231

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

Cambridge MarylandHow long in hospital or institution? 12 1/2 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge, Md.
(If outside city or town limits, write RURAL and give nearest town)Street No. Wells Street
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Sandy Cornish

3. (b) Social Security Number

Unknown4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced divorced8. (b) Name of husband or wife Unknown7. Birth date of deceased (mo., day, yr.) Unknown 1866 6. (c) If alive, give age ? years8. AGE: Years 79 Months ? Days ? If less than one day ? hrs. ? min.9. Birthplace Dorchester County, Md.
(Town, county, and state)10. Usual occupation Laborer - Highster11. Industry or business Feeling Fish12. Name James Cornish13. Birthplace Dorchester Co. Md.14. Maiden name Asm. last name unknown15. Birthplace Dorchester Co. Md.16. Informant Lewis BayneumAddress Cambridge, Md.17. Burial Date thereof Dec 19, 1945

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Silent CityLocation Near Cambridge18. Funeral director Lewis BayneumAddress Cambridge, Md.Date rec'd by registrar Dec. 19 - 1945 John Nae Jr. MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 16 1945 at 5:04 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 15 1945 to Dec 16 1945and that I last saw him alive on Dec 15 1945Immediate cause of death CardiovascularRenal DiseaseDue to uremia

Due to

Other conditions Cardiac Dehrium

(Include pregnancy within 8 months of death)

Major findings of operations NoneAutopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Eldridge HubbardAddress Cambridge Md. Date signed 12-18-45

RECEIVED

DEC 22 1945

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B-2)

CERTIFICATE OF DEATH

12232

Reg. Diat. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Near Church Creek
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 25 years
 Hospital, institution, or street address where death occurred:
Linas Road
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Near Church Creek
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Linas Road
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Zenia Cornish

3. (b) Social Security Number

none

4. Sex Female 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Widow
 6.(b) Name of husband or wife William Cornish
deceased 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) unknown
 8. AGE: Years 85 Months ? Days ? If less than one day _____ hrs. _____ min.

9. Birthplace Dorchester County, Md.
(Town, county, and state)10. Usual occupation Housewife11. Industry or business own homeFATHER 12. Name unknown13. Birthplace unknownMOTHER 14. Maiden name unknown15. Birthplace unknown16. Informant Mattie L. E.Address Church Creek17. Burial Date thereof Dec 30 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Warfield CemeteryLocation Near Church Creek18. Funeral director Lewis BaggettAddress Cambridge, Md.19. 12/26 19 45 John Newberry
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 22nd 1945 at 8:00 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dead on arrival 19 _____
 and that I last saw him Dead on arrival 19 _____

Immediate cause of death ApoplexyDue to atherosclerosisDue to cardio-vascular diseaseOther conditions None

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op. _____

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

Eldridge, L. D. and actingDeputy Medical Examiner

23. SIGNATURE _____ M. D. or other

Address Cambridge, Md. Date signed 12-24-45

RECEIVED
DEC 28 1915
BUREAU V &

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 12233 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 13 Years

Hospital, institution, or street address where death occurred:

105 Academy St.How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 105 Academy St.

(If rural, give LOCATION)

2 (a) If veteran, name war -

3. (a) FULL NAME

Grace Peirce Davis

3. (b) Social Security Number

-

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married8. (b) Name of husband or wife Harry G. Davis, Sr.6. (c) If alive, give age 45 years7. Birth date of deceased (mo., day, yr.) Dec. 15, 19028. AGE: Years 42 Months 11 Days 29 It less than one day
.....hrs.min.9. Birthplace Mt. Jewett, Pa.
(Town, county, and estate)10. Usual occupation Domestic11. Industry or business Home12. Name D. D. Peirce13. Birthplace Pa.14. Maiden name Rose Vaughn15. Birthplace Pa.18. Informant Harry G. DavisAddress 105 Academy St., Cambridge, Md.17. Burial Date thereof Dec. 17, 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Cambridge CemeteryLocation Cambridge, Maryland.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 12/17 19 45 John Mace Jr. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 14, 45 at 8:10 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from JANUARY 10 19 44 to DEC. 14 19 45
and that I last saw him/her alive on DEC. 14 19 45

Immediate cause of death

METASTATIC ADENO-CARCINOMA

DURATION

Due to CARCINOMA (SQUAMOUS CELL) ADENO. CERVIX UTERUS.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

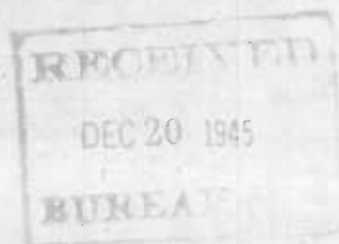
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [Signature]Address Cambridge Md Date signed 12/17/45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 15728

CERTIFICATE OF DEATH

Reg. Dist. No. 122378

1. PLACE OF DEATH:

County DorchesterCity or town Hurlbrook
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Louis P. Demmeard

4. Sex

male

5. Color or race

colored

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

Dec 20 1945

8. AGE:

Years

Months

Days

If less than one day

3

...hrs. ...min.

9. Birthplace

md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
MOTHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof

Dec 24 1945
(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

Dec 24 -
(Date rec'd by registrar)

19

45 -Charles Harting
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

City or town

Maryland Dorchester
Hurlbrook
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

December 23 1945 at 9 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

12/20/45 1945 to 12/23/45 1945
and that I last saw him alive on 12/23/45 1945

Immediate cause of death

Congenital heart disease
pulmonary stenosis?

DURATION

2 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

William C. Harrison MD

M. D. or other

Address

Hurlbrook Md.Date signed 12/23/48

RECEIVED
JAN 4 1946
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12235

Reg. Dist. No. 111

1. PLACE OF DEATH:

County Dorchester
 City or town near West New Market
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Carroll Elliott

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

Jan 4 1945

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

2112nd

hrs.

min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal, which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19.

45

Elizabeth Elliott

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Thundersdale - Rural
 (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH December 4 1945, at 8:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
December 4 1945 to December 4 1945
 and that I last saw him alive on December 4 1945

Immediate cause of death

asphyxia

DURATION

Due to

Acute Pneumonia1 day

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. C. Harrison MD

M. D. or other

Address

1 Furlock Md.

Date signed

12/5/45

UNITED STATES DEPARTMENT OF JUSTICE

STATISTICAL DIVISION

RECEIVED
DEC 17 1945
BUREAU VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 87-2

CERTIFICATE OF DEATH

12236

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 yrs. 3 mos. 27 dys

Hospital, institution, or street address where death occurred:

Eastern Shore State Hosp.

How long in hospital or institution? 3 yrs. 3 mos. 27 dys

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Ocean City
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

MARY HARDCASTLE

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife Lewis Hardcastle

6. (c) If alive, give age Unknown years

7. Birth date of deceased (mo., day, yr.) September 17, 1905

8. AGE: Years 40 Months 3 Days 7 If less than one day _____ hrs. _____ min.

9. Birthplace Berlin, Worcester, Maryland
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own home

12. Name Alfred Munford

13. Birthplace Berlin, Worcester County, Md.

14. Maiden name Mary Downey

15. Birthplace Berlin, Worcester County, Md.

16. Informant Hospital Records

Address Cambridge, Maryland.

17. Buried Date thereof 12/26/45
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Evergreen

Location Berlin Md

18. Funeral director Anna G. Burt

Address Berlin Md

19. 12/24/45 (Date rec'd by registrar) Registrar J. J. J. J.

MEDICAL CERTIFICATION

20. DATE OF DEATH December 24, 1945 at 1 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 28, 1942 to December 24, 1945

and that I last saw him alive on December 24, 1945

Immediate cause of death _____

Bronchopneumonia (Terminal) DURATION 3 ds.

Due to Disseminated Sclerosis 9 yrs.

Due to _____

Other conditions Psychosis with Disseminated Sclerosis, Decubital 8 yrs.

(Include pregnancy within 8 months of death)

Major findings of operations Ulcers 3 mos.

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE G. J. J. J. M. D. or other _____

Address _____ Date signed 12/24/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 28 1945
BUREAU V. B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13

CERTIFICATE OF DEATH

 12237
 Reg. Dist. No. 116

1. PLACE OF DEATH: *Dorchester*
 County.....
 City or town.....*Cambridge*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....*50 years*
 Hospital, Institution, or street address where death occurred:
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State.....*Maryland* County.....*Dorchester*
 City or town.....*Cambridge*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....*135 Mill St.*
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....*none*

3. (a) FULL NAME

Emerson C. Harrington Jr.

3. (b) Social Security Number

none

4. Sex.....*Male* 5. Color or race.....*white* 6.(a) Single, married, widowed, or divorced.....*Married*
 6.(b) Name of husband or wife.....*Mary Gertrude Plouffe*
 6.(c) If alive, give age.....*71* years
 7. Birth date of deceased (mo., day, yr.).....*March 26, 1864*
 8. AGE: Years.....*81* Months.....*8* Days.....*19* It less than one day.....hrs.min.

9. Birthplace.....*Madison, Md.*
 (Town, county, and state)
 10. Usual occupation.....*Lawyer Retired*
Ex-Governor of Md.
 11. Industry or business.....
 12. Name.....*John E. Harrington*
 13. Birthplace.....*Madison, Md.*
 14. Maiden name.....*Annie Thompson*
 15. Birthplace.....*Madison, Md.*

16. Informant.....*Emerson C. Harrington Jr.*
 Address.....*Cambridge, Md.*

17. Burial.....*Christ Church*
 (Burial, cremation, or removal. Which?) Date thereof.....*12-17-45*
 (month) (day) (year)
 Cemetery or crematory.....
 Location.....*Cambridge, Md.*

18. Funeral director.....*Kenneth R. Thomas*
 Address.....*Cambridge, Md.*

19. *12/17* 19 *45* *John Mace Jr.*
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....*December 15, 1945* at *4:00 A* M
 I CERTIFY that death occurred on the date above stated; that I attended deceased from *Dec 12th* 19 *45* to *Dec 15th* 19 *45*
 and that I last saw him alive on *Dec 15th* 19 *45*

Immediate cause of death.....*Pulmonary Tuberculosis*
 DURATION.....*3 wks +*

Due to.....
 Due to.....

Other conditions.....*atherosclerotic*
cardiovascular renal disease
 (Include pregnancy within 3 months of death)

Major findings of operations.....*none*
 Date of op.

Autopsy results.....*none*
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?.....

23. SIGNATURE.....*Eldridge H. Wolff*
 M. D. or other.....
 Address.....*Cambridge, Md.* Date signed.....*12-16-45*

RECEIVED
DEC 20 1945
BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(942)

12238

CERTIFICATE OF DEATH

★ Reg. Dist. No. 116

1. PLACE OF DEATH:

County...

City or town...

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State...

County...

City or town...

(If outside city or town limits, write RURAL and give nearest town)

Street No. ...

(If rural, give LOCATION)

2.(a) If veteran, name war ...

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

8. (c) If alive, give age ... years

8. AGE:

Years

Months

Days

If less than one day

9. Birthplace

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

December 31, 1945, at 9:45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Death on arrival 19

and that I last saw him

alive on

19

Immediate cause of death

Coronary occlusion

DURATION

3 hours

Due to

Due to

Other conditions

Obesity

(Include pregnancy within 3 months of death)

Major findings of operations

none

Date of op.

Autopsy results

none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Injured at work?

Means of injury

23. SIGNATURE

Address

M. D. or other

Date signed

RECEIVED

JAN 7 1946

BUREAU U S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 852

12239

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 18 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 406 Pine St
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Margie Ester Jew

3. (b) Social Security Number

4. Sex female 5. Color or race colored 6.(a) Single, married, widowed, or divorced widowed8.(b) Name of husband or wife Washington Jew7. Birth date of deceased (mo., day, yr.) January 1 1894 6.(c) If alive, give age..... years8. AGE: Years 61 Months 11 Days 3 It less than one day.....hrs.min.9. Birthplace Cambridge, Route 1
(Town, county, and state)10. Usual occupation house work

11. Industry or business

12. Name Unknown13. Birthplace Unknown14. Maiden name Annie Smith15. Birthplace Maryland16. Informant Thomas SmithAddress 416 E. Elmer St. Westminster, Md17. Buried Date thereat Dec 9 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory CemeteryLocation Cambridge18. Funeral director Sam H. BayneAddress Cambridge, Md19. Dec 7 19 45 Jew Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 4 19 45 at 9:40 a M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 29 19 45, to December 4 19 45and that I last saw him alive on December 7 19 45Immediate cause of death Cerebral Hemorrhage DURATION 6 daysDue to Sen Hypertension 16 m

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Carver M St. Louis M. D. or otherAddress Am. Red 86 Date signed 12-7-45

RECEIVED

DEC 10 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore 932
CERTIFICATE OF DEATH

Reg. Dist. No. 12240 110

1. PLACE OF DEATH:

County Dorchester
City or town Hurlock
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Daisy E. Keefer

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Willie J. Keefer

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 16 1873

8. AGE: Years 72 Months 7 Days 7 If less than one day hrs. min.

9. Birthplace Ind
(Town, county, and state)

10. Usual occupation House work

11. Industry or business Same

12. Name Fancis Hoffman

13. Birthplace Ind

14. Maiden name Daisy Whitter

15. Birthplace Ind

16. Informant Willie J. Keefer

Address Hurlock

17. Burial Date thereof Dec 11 1945

(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Cemetery

Location Loraine Balto. Ind

18. Funeral director F. B. Willoughby

Address Hurlock

19. Dec 8 - 19 45 - Charl Haines

(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Dorchester

City or town Hurlock
(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH December 7 19 45 at 2:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 4 19 45

and that I last saw her alive on December 4 19 45

Immediate cause of death Chronic myocarditis

Due to General arteriosclerosis DURATION 2 yrs +

Due to General arteriosclerosis DURATION 5 yrs +

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. Harrison MD

Address Hurlock Md. M. D. or other

Date signed 12/8/45

RECEIVED

DEC 27 1945

BUKFAF V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1350

CERTIFICATE OF DEATH

12241

Reg. Dist. No. 116

1. PLACE OF DEATH:

County WorcesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 43 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WorcesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. Bayly Avenue
(If rural, give LOCATION)2.(a) If veteran, name war none

3. (a) FULL NAME

Laura Jane Kurivan

3. (b) Social Security Number

none

4. Sex

Male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Thomas Henry Kurivan

7. Birth date of

deceased (mo., day, yr.)

May 12-1860

8. AGE:

Years

85

Months

6

Days

23

If less than one day

hrs.

min.

9. Birthplace

Crofton Md.
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Lorenzo Adams

12. Name

Dor Co.

13. Birthplace

Rose - extensive unknown

14. Maiden name

Dor Co.

15. Birthplace

Walter F. Kurivan

16. Informant

Cambridge, Md.

17. (Burial, cremation, or removal. Which?)

Burial

Cemetery or crematory

Freelawn

Location

Cambridge, Md.

18. Funeral director

Reverend R. Thomas

Address

Cambridge, Md.19. 12/7 19 45 John M. ...
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 5 19 45 at 2:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 21 19 45 to Dec 5 19 45and that I last saw him alive on Dec 1 19 45

Immediate cause of death

Coronary occlusion

DURATION

1/2 hour

Due to

arteriosclerotic cardio--vascular renal disease

DURATION

1 year

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

none

Autopsy results

2 hours

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Signature Eldridge H. HoffordAddress Cambridge, Md. Date signed 12-6-45

100
278
05
526
69
9
58

RECEIVED
DEC 10 1945
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlee St., Baltimore *BD*

CERTIFICATE OF DEATH

12242

Reg. Dist. No. 118

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 67 years
Hospital, institution, or street address where death occurred:
213 Byrn St.
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. 213 Byrn St.
(If rural, give LOCATION)
2. (a) If veteran, name war —

3. (a) FULL NAME

William Godfrey Lantz

3. (b) Social Security Number

—

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Rebecca L. Wherrett

6. (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) Jan. 10, 1862

8. AGE: Years 83 Months 10 Days 22 If less than one day
..... hrs. min.

9. Birthplace New York City, New York
(Town, county, and state)

10. Usual occupation Ship-Rigger

11. Industry or business Boat Building

FATHER 12. Name Not Known

13. Birthplace " "

MOTHER 14. Maiden name Not Known

15. Birthplace " "

16. Informant Mr. Thomas Lantz

Address Byrn St., Cambridge, Maryland.

17. Burial Date thereof Dec. 4, 1945
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Dorchester Memorial Park

Location Cambridge, Maryland.

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. 12-4- 19 45 John Macfarlane
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 2, 1945 at 11:20 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9-20 19 45 to 12-2 19 45 and that I last saw him alive on 12-2 19 45

Immediate cause of death MYOCARDIAL FAILURE DURATION 10 days

Due to CHRONIC NEPHRITIS 8 mos.

Due to ARTERIOSCLEROSIS AND SENILITY

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations NONE

Autopsy results PHYSICIAN: Please underlie the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: NO
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE John Macfarlane M. D. or other

Address Cambridge, Md. Date signed 12/3/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 7 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1649

12243

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge-Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 36 years
 Hospital, institution, or street address where death occurred:
Home-RFD # 3
 How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Rural-Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. RFD # 3
 (If rural, give LOCATION)
 2.(a) If veteran, name war —

3. (a) FULL NAME

Ellen Hinigan LeCompte

3. (b) Social Security Number

—

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6.(a) Single, married, widowed, or divorced <u>Married</u>
-------------------------	----------------------------------	---

6.(b) Name of husband or wife George LeCompte
 6.(c) If alive, give age 61 years
 7. Birth date of deceased (mo., day, yr.) July 4, 1887
 8. AGE: Years 58 Months 5 Days 3 It less than one day
hrs.min.

9. Birthplace Mayo, Ireland
 (Town, county, and state)
 10. Usual occupation Nurse
 11. Industry or business Practical
 12. Name Not known
 13. Birthplace " "
 14. Maiden name Not known
 15. Birthplace " "

16. Informant Mr. George LeCompte
 Address Cambridge, RFD # 3, Maryland
 17. Burial Date thereof Dec. 8, 1945
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Greenlawn Cemetery
 Location Cambridge, Maryland
 18. Funeral director LeCompte's Funeral Service
 Address Cambridge, Maryland

19. 12/8/ 19 45 John Macfarland
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH December 7, 1945 at 8:30 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dead on our arrival 19and that I last saw him alive on 19

Immediate cause of death Shock due to 2nd and 3rd degree burns of the entire body
 DURATION 2 1/2 hours

Due to.....

Due to.....

Other conditions Partial asphyxia due to smoke
 (Include pregnancy within 3 months of death) DURATION 2 1/2 hours

Major findings of operations None

Date of op.

Autopsy results Autopsy Not Done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide suicide Date of Dec 7, 1945
Killed near Cambridge, Dorchester, Md.
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of Injury Fire Injured at work? no
Eldridge H. Wolff M.D. acting

23. SIGNATURE Deputy Medical Examiner M. D. or other
Cambridge, Md. Date signed 12-8-45
 Address.....

K13

DEC 13 1945

BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Worcester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Worcester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 238 Rose St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war none

3. (a) FULL NAME

Clarence B. Mariner

3. (b) Social Security Number

none

4. Sex Male 5. Color or race white 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife Louise Deunano
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) May 18, 1860
 8. AGE: Years 85 Months 6 Days 28 If less than one day _____ hrs. _____ min.

9. Birthplace Pocomoke City, Md.
 (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

12. Name Unknown

13. Birthplace Unknown

14. Maiden name Unknown

15. Birthplace Unknown

16. Informant Worcester Co. Welfare Board
 Address Cambridge Md

17. Burial Date thereon 12-19-45
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Greenlawn
 Location Cambridge Md.

18. Funeral director Kenneth P. Thomas
 Address Cambridge, Md

19. Dec. 19-45 John Mace Jr. MD
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 16 19 45 at 1:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 15 19 45 to Dec 15 19 45
 and that I last saw him alive on Dec 15, 1945 19 _____

Immediate cause of death Lobar Pneumonia DURATION 1 week

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE P. H. Thomas M. D. or other

Address Cambridge, Md Date signed 12-18-45

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DEC 22 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12245

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 30 yearsHospital, institution, or street address where death occurred Cambridge Maryland HospitalHow long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. High St
(If rural, give LOCATION)2.(a) If veteran, name war none

3.(a) FULL NAME

Alice C. Marshall

3.(b) Social Security Number

none

4. Sex

Female

5. Color or race

white

6.(a) Single, married, widowed, or divorced

Single

B.(b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

Sept 15-1871

B.(c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

74219

hrs.

min.

B. Birthplace

Vienna R & D.
(Town, county, and state)

10. Usual occupation

School Teacher Retired

11. Industry or business

FATHER

12. Name

Mar. B. Marshall

13. Birthplace

Dor. Co.

MOTHER

14. Maiden name

Melissa Cooneyton

15. Birthplace

Dor. Co.

16. Informant

George Marshall

Address

Vienna, Md.

17.

(Burial, cremation, or removal, Which?)

Date thereof

12-6-45

(month) (day) (year)

Cemetery or crematory

Marshall Family Cemetery

Location

Vienna R & D.

18. Funeral director

Kenneth R. Thomas

Address

Cambridge, Md.

19.

12/6/19
(Date rec'd by registrar)Dr. John M. J. Jr. M.D.

Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH Dec 4, 19 45, at 5:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

December 3, 19 45, to Dec 4, 19 45and that I last saw h. ER alive on December 4, 19 45

Immediate cause of death

Influenza Pneumonia

DURATION

12 hours

Due to

Due to

Other condition

Primary AnemiahypertensionMyocardial Decompensation
(Include pregnancy within 8 months of death)

Major findings of operations

No

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. J. Green
Cambridge Md

M. D. or other

Date signed 7/5/45

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DEC 10 1945

BUREAU V S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
Cambridge Maryland Hospital
How long in hospital or institution? One Day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. 208 Maryland Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war -

3.(a) FULL NAME

Maude Richardson Meekins

3.(b) Social Security Number

-

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Divorced
6.(b) Name of husband or wife Dr. Gilbert E. Meekins
6.(c) If alive, give age - years
7. Birth date of deceased (mo., day, yr.) Sept. 17, 1890.
8. AGE: Years 55 Months 3 Days 9 If less than one day - hrs. - min.
9. Birthplace Cambridge, Dor. Co., Maryland.
(Town, county, and state)
10. Usual occupation Domestic
11. Industry or business Home

FATHER 12. Name William T. Richardson
13. Birthplace Maryland.
MOTHER 14. Maiden name Eva N. Sherman
15. Birthplace Maryland.
16. Informant Mrs. Wm. T. Richardson
Address 208 Maryland Ave, Cambridge, Md
17. Burial Date thereof Dec. 28, 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Cambridge Cemetery
Location Cambridge, Maryland.
18. Funeral director LeCompte's Funeral Service
Address Cambridge, Maryland.
19. 12/26/45 John M. J. M.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH DECEMBER 26 19 45
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/25 19 45 to 12/26 19 45
and that I last saw her alive on 12/26 19 45

Immediate cause of death MYOCARDIAL FAILURE
due HYPERTHYROIDISM.
INFLUENZA.
PNEUMONIA
DURATION 2 days
Other conditions -
(Include pregnancy within 3 months of death)

Major findings of operations -
Date of op. -

Autopsy results -
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: N O
Accident, suicide, or homicide - Date of -
Where did injury occur? - (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) -
Means of injury - Injured at work? -

23. SIGNATURE J. J. J.
M. D. or other -
Address Cambridge Md Date signed 12/29/45

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12246

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JAN 3 1946

BUREAU V. 8

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? all life

Hospital, institution, or street address where death occurred:

216 Washington St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dor.

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 216 Washington St.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Carolyn Lee Midgett

3. (b) Social Security Number

4. Sex

Female

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife None

6. (c) If alive, give age 19 years

7. Birth date of deceased (mo., day, yr.) Sept. 20, 1945

8. AGE:

Years

Months

Days

If less than one day

2

21

hrs.

min.

9. Birthplace Cambridge, Md.

(Town, county, and state)

10. Usual occupation None

11. Industry or business

12. Name Wilbert Midgett

13. Birthplace North Carolina

14. Maiden name Grace Dobson

15. Birthplace Wilmington Del.

16. Informant Wilbert Midgett

Address Cambridge, Md.

17. Burial Date thereof 12/13/45

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Bethel Cemetery

Location Cambridge, Md.

18. Funeral director Lewis H. Bayne

Address Cambridge, Md.

19. 12/13 45 John Moore Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 11, 1945 at 6 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Not at all

Not at all

and that I last saw him Not at all alive on 19

Immediate cause of death

Pneumonia

DURATION

?

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE John Moore, M.D. Acting Deputy Medical Examiner

Address Cambridge, Md. Date signed 12/11/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

MEDICAL CERTIFICATION

RECEIVED

DEC 14 1945

BUREAU V.S.

RECEIVED FOR INDEXING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 926

CERTIFICATE OF DEATH

12248

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Andrews
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 30 years

Hospital, institution, or street address where death occurred:

Home

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Andrews
(If outside city or town limits, write RURAL and give nearest town)Street No. Rural
(If rural, give LOCATION)2. (a) If veteran, name war X

3. (a) FULL NAME

JOHN W. MOORE

3. (b) Social Security Number

213-18-4776

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Maggie Abbott.

7. Birth date of

deceased (mo., day, yr.)

4/10/18936. (c) It alive, give age 50 years

8. AGE:

Years

Months

Days

If less than one day

52724

hrs.

min.

9. Birthplace Taylor's Island, Md.
(Town, county, and state)10. Usual occupation Laborer11. Industry or business Farm12. Name Joshua Moore13. Birthplace Md.14. Maiden name Maggie Wroten15. Birthplace Md.16. Informant Ollie MillsAddress Andrews, Maryland17. Burial Date thereof 12/6/45
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Sandy IslandLocation Robbins, Md.18. Funeral director LeCompte Funeral ServiceAddress Cambridge, Md.19. 12/6 19 45
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 4th, 19 45 at 10.45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 25 19 45 to Dec 4 19 45
and that I last saw him alive on Nov. 25 19 45

Immediate cause of death

Myocarditis

DURATION

3 mos.Due to Mitral Regurgitation

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Dr. R. Shriver - M.D.

M. D. or other

Address Dr. R. Shriver Date signed Dec 6/45

RECEIVED

DEC 10 1945

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170

CERTIFICATE OF DEATH

Reg. Dist. No. 116

12249

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? about 2 years
 Hospital, institution, or street address where death occurred:
10 Coleman's Alley
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town near Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Bransford Place
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Willie Peterson

3. (b) Social Security Number

Unknown

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Divorced

6. (b) Name of husband or wife

Unknown

7. Birth date of deceased (mo., day, yr.)

Unknown 1903

6. (c) If alive, give age

Unknown

8. AGE:

Years

42

Months

?

Days

?

If less than one day

hrs. min.

9. Birthplace

Georgia
(Town, county, and state)

10. Usual occupation

Labour

11. Industry or business

Canning factory

FATHER

12. Name

Unknown

13. Birthplace

Unknown

MOTHER

14. Maiden name

Unknown

15. Birthplace

Unknown

16. Informant

Willie Mack

Address

Cambridge, Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

Dec. 22, 1945
(month) (day) (year)

Cemetery or crematory

Green City -

Location

in Cambridge, Md.

18. Funeral director

Lewis Boyden

Address

Cambridge, Md.

19.

(Date rec'd by registrar)

Dec. 19 - 1945 John M. Mays, M.D.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec 17 1945 at 12:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Death on arrival

and that I last saw him alive on

19Immediate cause of death Sepsis dueto small andburning 3rd degree

DURATION

10 min.?

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

none

Date of op.

Autopsy results

none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide undetermined Date of Dec 17, 1945Where did injury occur? Cambridge, Dorchester, Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) Home of friendMeans of injury Fire

Injured at work?

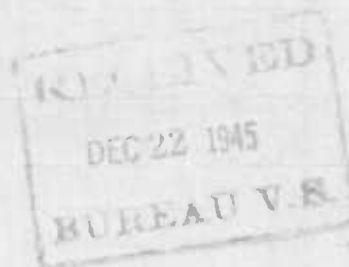
23. SIGNATURE

Eldridge H. Webb, M.D.Address Cambridge, Md. Date signed 12-18-45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92

CERTIFICATE OF DEATH

12250 116
Reg. Dist. No.

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 15 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 59 Roblin St
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Charles Pinder

3. (b) Social Security Number

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

male white married6.(b) Name of husband or wife Nemie Pinder7. Birth date of deceased (mo., day, yr.) November 10 1897 6.(c) If alive, give age 44 years8. AGE: Years Months Days If less than one day
48 1 9hrs.min.9. Birthplace Lark Neck Dorchester Co Md
(Town, county, and state)10. Usual occupation Gen Laborer

11. Industry or business

12. Name Robert Pinder13. Birthplace Dorchester Co Md14. Maiden name Martina Wadsworth15. Birthplace Dorchester County Md16. Informant Nemie PinderAddress Roblin St Cambridge Md17. Buried Date thereof Dec 25 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Lark Neck Co MdLocation near Annapolis Md18. Funeral director Lawrence H. BayneAddress Cambridge Md19. 12/26 19 45 John MacCallister
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 19 19 45, at 7:15 a.m.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 2 19 45 to December 19 19 45and that I last saw him alive on December 16 19 45

Immediate cause of death

Pulmonary Edema
Acute Pulmonary
Due to Chr. Myocarditis

DURATION

12 days
3 mos
8 mos

Due to

Other conditions

Sen Arteriosclerosis8 mos

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Carroll M. St. Clair MD

M. D. or other

Address One Tree St Date signed 12-19-45

RECEIVED
DEC 28 1945
BUREAU V B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1310

CERTIFICATE OF DEATH

Reg. Dist. No. 116

12251

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 13 years

Hospital, institution, or street address where death occurred:

12 Willis St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 12 Willis St.

(If rural, give LOCATION)

2.(a) If veteran, name war 210

3. (a) FULL NAME

Samuel Emory Ringgold

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widower6. (b) Name of husband or wife 18 Miss Harrington
and Nellie Greenland6. (c) If alive, give age Both Deceased7. Birth date of deceased (mo., day, yr.) Feb 29th, 1863

8. AGE:

Years

Months

Days

If less than one day

82

.....hrs.min.

9. Birthplace Kent Island, Md.
(Town, county, and state)10. Usual occupation None

11. Industry or business

12. Name Edward Ringgold13. Birthplace Kent Island, Md.14. Maiden name Mary R. Ringgold15. Birthplace Unknown16. Informant Mrs. Elizabeth O'FerrallAddress 12 Willis St. Cambridge Md.17. Burial Date thereof Dec 27-45
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory StevensvilleLocation Stevensville Md.18. Funeral director Edgar A. LaneAddress Cham Hill19. 12-26- 19 45 John Mace Jr.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 24th 19 45 at 7:50 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

November 19 45 to Dec 24th 19 45and that I last saw him alive on Dec 23 19 45Immediate cause of death Uremia

DURATION

2-3 daysDue to arteriosclerotic Cardio-vascular renal disease2-3 years

Due to

Other conditions AmiplegicLeft (also)

(Include pregnancy within 3 months of death)

7 yearsMajor findings of operations NoneAutopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Eldridge H. WolfordAddress Cambridge Md.Date signed 12-24-45

RECEIVED
DEC 28 1945
BUREAU V &

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition of MARYLAND STATE DEPARTMENT OF HEALTH
color of deceased is shown on 2411 N. Charles St., Baltimore 632

12252

CERTIFICATE OF DEATH

Reg. Dist. No. 116

FILM No. I O O JAN 18 1946

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of
deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

9. Birthplace

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following; NO

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

RECEIVED

DEC 20 1945

BUREAU V N

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12253

Reg. Dist. No. 16

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 yr
 Hospital, institution, or street address where death occurred:
Home
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 125 Washington St.
 (If rural, give LOCATION)
 2. (a) If veteran, name war Unknown

3. (a) FULL NAME

Charles Lass

3. (b) Social Security Number

Unknown

4. Sex

Male

5. Color or race

colored

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Bessie Lass

7. Birth date of deceased (mo., day, yr.)

April 16, 1878

6. (c) If alive, give age

48 years

8. AGE:

Years

Months

Days

If less than one day

6780— hrs. — min.

6. Birthplace

Church Creek, Maryland
(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

General

FATHER

12. Name

Fred Stiles

13. Birthplace

Maryland

MOTHER

14. Maiden name

Catharine Lass

15. Birthplace

Cambridge, Maryland

16. Informant

Bessie Lass

Address

Cambridge, Maryland

17.

(Burial, cremation, or removal. Which?)

Date thereof 12/20-45
(month) (day) (year)

Cemetery or crematory

Wagon Cemetery

Location

Cambridge

18. Funeral director

John D. Bayne

Address

Cambridge, Maryland

19.

Date rec'd by registrar

12/20/45
John Mace Jr.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 16th 19 45 at 3:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Dec 14 19 45 to Dec 16 19 45
 and that I last saw him alive on Dec 14 19 45

Immediate cause of death

arterio Sclerosis
Right

DURATION

5 days

Due to

arterio Sclerosis Cardio
Vascular Renal Disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

None

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Eldridge H. Wolff

Address

Cambridge Md

Date signed

12-18-45

RECEIVED
DEC 26 1945
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 742

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 9 years

Hospital, institution, or street address where death occurred:

102 Gay St.How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 102 Gay St.
(If rural, give LOCATION)2. (a) If veteran, name war -

3. (a) FULL NAME

Nora V. Hubbard Koszelle

3. (b) Social Security Number

-

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife William E. KoszelleDeceased - July 22, 1956 If alive, give age - years7. Birth date of deceased (mo., day, yr.) Aug. 18, 18888. AGE: Years 67 Months 43 Days 25 If less than one day - hrs. - min.9. Birthplace RED # 3, Cambridge, Maryland.
(Town, county, and state)10. Usual occupation Domestic11. Industry or business HomeFATHER 12. Name Henry E. Hubbard13. Birthplace MarylandMOTHER 14. Maiden name Catherine Marshall15. Birthplace Maryland18. Informant Mr. Guy H. McWilliamsAddress 102 Gay St., Cambridge, Md.17. Burial Date thereof Dec. 15, 1945.
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory East New Market CemeteryLocation East New Market, Maryland.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 12/15/45 John Mace Jr MD
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 15, 1945 at 12:03 A.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19and that I last saw h. in alive on home 19Immediate cause of death -DUE TO Coronary Heart Disease DURATION 4 yrsDUE TO Death on arrival.Other conditions -

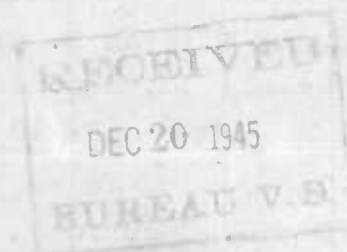
(Include pregnancy within 3 months of death)

Major findings of operations -Date of op. -Autopsy results -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -Where did injury occur? - (City or town) (County) (State)Injured at home, farm, industry, public place (where?) -Means of injury - Injured at work? -23. SIGNATURE L. O. Hurdith M. D. or otherAddress Cambridge, Maryland Date signed Dec. 14, 1945



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 117a

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Rural-Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

Cambridge RFD # 3How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Rural-Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. RFD # 3

(If rural, give LOCATION)

2.(a) If veteran, name war -

3.(a) FULL NAME

George W. Seward

3.(b) Social Security Number

-4. Sex Male5. Color or race White6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife Hattie S. Marshall6.(c) If alive, give age 62 years7. Birth date of deceased (mo., day, yr.) Dec. 20, 1875.8. AGE: Years 70 Months - Days 11 If less than one day - hrs. - min.9. Birthplace RFD # 3, Cambridge, Maryland.

(Town, county, and state)

10. Usual occupation Waterman and Farmer

11. Industry or business

12. Name John Seward13. Birthplace Maryland14. Maiden name Linda Bennett15. Birthplace Maryland16. Informant Mrs. Hattie SewardAddress RFD # 3, Cambridge, Maryland.17. Burial Jan. 3, 1946.

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Speddans CemeteryLocation James, Maryland.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. Dec 31 - 45 John Marshall Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 31, 1945, at 9:15 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6/2 1944 to 12/31 1945and that I last saw him alive on 12/31 1945Immediate cause of death Coronary artery disease DURATION 4 daysDue to arteriosclerosisDue to HypertensionOther conditions Chronic ulcer stomach

(Include pregnancy within 8 months of death)

Major findings of operations -Date of op. -Autopsy results -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No.Accident, suicide, or homicide - Date of -Where did injury occur? - (City or town) - (County) - (State)Injured at home, farm, industry, public place (where?) -Means of injury - Injured at work? -23. SIGNATURE John MarshallAddress Cambridge Md M. D. or other - Date signed 12/31/45

RECEIVED

JAN 3 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

CERTIFICATE OF DEATH

12256

116

Reg. Dist. No.

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 16 Years
 Hospital, institution, or street address where death occurred:
Cambridge Maryland Hospital
 How long in hospital or institution? 2 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 315 Belvedere Ave.
 (If rural, give LOCATION)
 2.(a) If veteran, name war -

3. (a) FULL NAME

Calvin Spedden

3. (b) Social Security Number

-

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6.(a) Single, married, widowed, or divorced <u>Married</u>
-----------------------	----------------------------------	---

6.(b) Name of husband or wife Julia Mitchell
 6.(c) If alive, give age 69 years
 7. Birth date of deceased (mo., day, yr.) Sept. 16, 1875
 8. AGE: Years 70 Months 3 Days - If less than one day
 ..hre.min.

9. Birthplace RFD # 3, Cambridge, Maryland.
 (Town, county, and state)

10. Usual occupation Tax Assessor

11. Industry or business Taxes

FATHER 12. Name Thomas E. Spedden

13. Birthplace Maryland.

MOTHER 14. Maiden name Susan Spedden

15. Birthplace Maryland.

16. Informant Mrs. Donald Dunnoek

Address Taylor's Island, Maryland.

17. Burial Date thereof Dec. 19, 1945
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Greenlawn Cemetery

Location Cambridge, Maryland.

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. 12/18 19 45 John MacFarland
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 16, 1945 at 9:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Dec 15 1945 to Dec 16 1945
 and that I last saw him alive on Dec 16 1945

Immediate cause of death

LEFT CEREBRAL
HEMORRHAGE

Due to ARTERIO SCLEROSIS

Due to

Other conditions

Inguinal Hernia

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: NO

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [Signature] M. D. or other

Address Cambridge Md Date signed 12/18/45

RESERVED

DEC 20 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92D

CERTIFICATE OF DEATH

12257

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Anne ArundelCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2.1

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Anne ArundelCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 30 Park Lane
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Charles Alexander Stanley

3. (b) Social Security Number

4. Sex m5. Color or race col6.(b) Single, married, widowed, or divorced div6.(b) Name of husband or wife Stuart Stanley7. Birth date of deceased (mo., day, yr.) August 12 18966.(c) If alive, give age 53 years8. AGE: Years 53 Months 7 Days 10 If less than one day
.....hrs.min.9. Birthplace Anne Arundel Co. Md.
(Town, county, and state)10. Usual occupation Gen. Sargent

11. Industry or business

12. Name Alexander Stanley13. Birthplace Maryland14. Maiden name Mary Eliza Stanley15. Birthplace Maryland16. Informant Eva WilsonAddress 429 1/2 St. Cambridge Md17. Burial Date thereof Dec 26 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Bethel CemeteryLocation Cambridge Md18. Funeral director H. M. Blair & SonAddress Cambridge, Md.19. 12-26- 19 45 John Maceys MD
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 22 1945, at 4:00 a.m.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 12 1945, to December 22 1945, and that I last saw him alive on December 20 1945

Immediate cause of death

Pulmonary DURATION 12 daysarteriosclerotic 2 mtsDue to Chronic Myocarditis 18 mts

Due to

Due to

Other conditions Sen. Hypertension 24 mts

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Carol M. Stanley MD M. D. or otherAddress One Park St Date signed 12-27-45

RECEIVED
DEC 28 1945
BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

12258 / 16

1. PLACE OF DEATH:

County... BaltimoreCity or town... Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 8-9 yearsHospital, institution, or street address where death occurred: 6 Coleman Alley

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... HarchesterCity or town... Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 6 Coleman Alley
(If rural, give LOCATION)2. (a) If veteran, name war... unknown

3. (a) FULL NAME

Joseph Travers

3. (b) Social Security Number

unknown

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

unknown 1875

6. (c) If alive, give age..... years

8. AGE:

Years

20

Months

?

Days

?

If less than one day

..... hrs. min.

9. Birthplace

Lincoln Road
(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

General

FATHER

12. Name

unknown

13. Birthplace

"

MOTHER

14. Maiden name

Laura Travers

15. Birthplace

Palmer District Harchester Md

16. Informant

Mr. James Travers

Address

1406 E. Cambridge, Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

Dec. 13, 1945
(month) (day) (year)

Cemetery or crematory

Harfield Cemetery

Location

Cambridge, Maryland

18. Funeral director

Lewis A. Beysman

Address

Cambridge, Maryland

19.

Dec. 11, 1945
(Date rec'd by registrar)John Mace Jr. Md.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... December 8th 19 45, at 9:00 p. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

lead on arrival 19.....

and that I last saw him..... alive on..... 19.....

Immediate cause of death

Massive Pulmonary
hemorrhage

DURATION

10-15 min.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations... noneAutopsy results... none Date of op.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

Eldridge H. Wolf Md.

23. SIGNATURE

John Mace Jr. Md.
Address... Cambridge, Md. Date signed... 12-9-45

RECEIVED

DEC 13 1945

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-2)

CERTIFICATE OF DEATH

12259 116
Reg. Dist. No.

1. PLACE OF DEATH:

County WorcesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 25 years

Hospital, institution, or street address where death occurred

238 High Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WorcesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 23 High Street
(If rural, give LOCATION)2.(a) If veteran, name war none

3. (a) FULL NAME

Mande S. Zubman

3. (b) Social Security Number

none

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Robert E. Zubman

6. (c) If alive, give age

years

7. Birth date of

deceased (mo., day, yr.)

March 5 1876

8. AGE:

Years

Months

Days

If less than one day

69918

hrs.

min.

9. Birthplace

Worcester County, Md.
(Town, county, and state)

10. Usual occupation

Housework

11. Industry or business

own house

FATHER

12. Name

Levin P. Skinner

13. Birthplace

Worcester County Md.

MOTHER

14. Maiden name

Mary Eugenia Wilkin

15. Birthplace

Worcester Co. Md.

16. Informant

Address

BurialChrist ChurchCambridge Md.Herbert P. ThomasCambridge Md.12-26-45

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH December 23rd 19 45 at 4:30P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Lead on arrival 19and that I last saw him Lead on arrival 19

Immediate cause of death

Cerebral Hemorrhage

DURATION

5 min?

Due to

arterioscleroticCardiacRenal DiseaseOther conditions None

(Include pregnancy within 3 months of death)

Major findings of operations

None

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Eldest son, Herbert P. Thomas, acting23. SIGNATURE Deputy Medical ExaminerAddress Cambridge Md. Date signed 12-26-45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1945-12-23
5-1876-3-5
69-6-18



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 4822

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County..... City or town..... (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... County..... City or town..... (If outside city or town limits, write RURAL and give nearest town) Street No..... (If rural, give LOCATION) 2.(a) If veteran, name war.....			
3. (a) FULL NAME Mildred B. Vickers				3. (b) Social Security Number			
4. Sex 7				5. Color or race White		6. (a) Single, married, widowed, or divorced married	
8. (b) Name of husband or wife John Vickers				8. (c) If alive, give age 57 years			
7. Birth date of deceased (mo., day, yr.) Nov 10 1902							
8. AGE:		Years 43	Months	Days 30	If less than one day hrs. min.		
9. Birthplace Salisbury Dorchester Md (Town, county, and state)							
10. Usual occupation Housework							
11. Industry or business							
FATHER		12. Name Samuel J. Eskridge		13. Birthplace Md.			
MOTHER		14. Maiden name Levenia Bowman		15. Birthplace Md			
16. Informant John Vickers				Address Seaford Del R 7 A			
17. (Burial, cremation or removal, Which?) Burial				Date thereof 12 12 1948 (month) (day) (year)			
Cemetery or crematory Salisbury							
Location Gravenor Bro							
18. Funeral director Shapton, Md				Address			
19. 12/12 1948				19. 48			
(Date rec'd by registrar)				Registrar			
MEDICAL CERTIFICATION							
20. DATE OF DEATH Dec 10 1948 at 50							
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 48 to Dec 10 1948 and that I last saw her alive on Dec 9 1948							
Immediate cause of death Calcium cancer						DURATION	
Due to							
Due to							
Other conditions							
(Include pregnancy within 8 months of death)							
Major findings of operations							
Date of op.							
Autopsy results							
PHYSICIAN: Please underline the cause to which death should be charged statistically.							
22. VIOLENCE: If death was due to external causes, fill in the following:							
Accident, suicide, or homicide							
Where did injury occur? (City or town) (County) (State)							
Injured at home, farm, industry, public place (where?)							
Means of injury Injured at work?							
23. SIGNATURE J. S. Tucker							
Address Seaford Del							
Date signed 12/11/48							

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JAN 4 1946
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33

CERTIFICATE OF DEATH

12261

★ Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 24 years

Hospital, institution, or street address where death occurred:

110 West End Ave.

How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

Street No. 110 West End Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war -

3. (a) FULL NAME

Nellie Smith Warfield

3. (b) Social Security Number

-

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6.(a) Single, married, widowed, or divorced <u>Married</u>
-------------------------	----------------------------------	---

6.(b) Name of husband or wife Larue H. Warfield

6.(c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) Feb. 27, 1898.

8. AGE:	Years	Months	Days	It less than one day
	<u>47</u>	<u>9</u>	<u>6</u>	hrs. min.

9. Birthplace Cambridge, ED. 2, Dor. Co., Md.
(Town, county, and state)

10. Usual occupation School Teacher

11. Industry or business "

12. Name Albert H. Smith

13. Birthplace Maryland

14. Maiden name Anna May Mowbray

15. Birthplace Maryland.

16. Informant Mr. Larue H. Warfield

Address 110 West End Ave., Cambridge, Md.

17. Burial Date thereof Dec. 5, 1945.
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Dorchester Memorial Park

Location Cambridge, Maryland.

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. 12-4-1945 John Mace Jr MD
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH December 3, 1945 at 6:10 A.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 2nd 1945, to Dec 3 1945

and that I last saw him alive on Dec 3 1945

Immediate cause of death

Acute Cardiac Failure

DURATION

3 hours

Due to Profound Anemia

2 mo. +

Etiology unknown

Due to Influenza

3 days

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations None

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Eldridge Herbert MD

Address Cambridge Md Date signed 12-4-45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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DEC 7 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12262

Reg. Dist. No. 116

1. PLACE OF DEATH: County..... <u>Dorchester</u> City or town..... <u>Cambridge</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... <u>1 month</u> Hospital, institution, or street address where death occurred: <u>Bramble's Grove</u> How long in hospital or institution?.....				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... <u>Maryland</u> County..... <u>Dorchester</u> City or town..... <u>Cambridge</u> (If outside city or town limits, write RURAL and give nearest town) Street No..... <u>Bramble's Grove</u> (If rural, give LOCATION) 2.(a) If veteran, name war.....			
3.(a) FULL NAME <u>Infant Williams</u>				3.(b) Social Security Number			
4. Sex <u>male</u>		5. Color or race <u>colored</u>		6.(a) Single, married, widowed, or divorced <u>single</u>			
8.(b) Name of husband or wife <u>X</u>				6.(c) If alive, give age years			
7. Birth date of deceased (mo., day, yr.) <u>October 9, 1945</u>							
8. AGE: Years <u>X</u> Months <u>1</u> Days <u>9</u>		It less than one day <u>X</u> hrs. <u>X</u> min.					
9. Birthplace <u>Cambridge, Maryland</u> (Town, county, and state)							
10. Usual occupation <u>none</u>							
11. Industry or business <u>X</u>							
FATHER	12. Name <u>not known</u>						
	13. Birthplace <u>X</u>						
	14. Maiden name <u>Bernice Williams</u>						
MOTHER	15. Birthplace <u>Md.</u>						
	18. Informant <u>Bernice Williams</u> Address..... <u>Cambridge, Md, (Bramble's Grove)</u>						
17. Burial <u>12/5/45</u> (Burial, cremation, or removal, which?) (month) (day) (year) Cemetery or crematory..... <u>Delant City</u> Location..... <u>Cambridge, Md</u>							
18. Funeral director <u>John Mace Jr</u> Address..... <u>Cambridge, Md.</u>							
19. <u>12/4</u> 19 <u>45</u> (Date rec'd by registrar) Registrar							

MEDICAL CERTIFICATION	
20. DATE OF DEATH <u>December 1</u> 19 <u>45</u> , at <u>6 A.</u> M	
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>X</u> 19..... to..... <u>X</u> 19..... and that I last saw h..... <u>X</u> alive on..... <u>X</u> 19..... Immediate cause of death..... <u>Congenital Malnutrition</u>	
Due to..... <u>Prematurity</u> Due to..... <u>X</u> Other conditions..... <u>X</u>	DURATION <u>6 wks.</u>
(Include pregnancy within 3 months of death)	
Major findings of operations Date of op.	
Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.	
22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Date of..... Where did injury occur?..... (City or town) (County) (State) Injured at home, farm, industry, public place (where?)..... Means of injury..... Injured at work?.....	
23. SIGNATURE <u>Joey K. Shrine, Dep. Med. Ex.</u> M. D. or other..... Address..... <u>Cambridge, Md.</u> Date signed..... <u>Dec. 1/45</u>	

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DEC 7 1941
BUREAU V S.